EMPLOYMENT RETALIATION (WHISTLEBLOWER) QUESTIONNAIRE/AFFIDAVIT

NORTH DAKOTA DEPARTMENT OF LABOR

SFN 54049 (8-2009)

Department Use Only	Date NDDOL Contacted	Initials

Name			Telephone Number	
Address	City	State	ZIP Code	County

If we can't reach you directly, provide the NAME and TELEPHONE NUMBER of a person (not within your household) whom we can call

I am alleging retaliation/reprisal under: ☐ N.D.C.C. 34-01-20 ☐ N.D.C.C. 34-11.1-04

The Acts of Retaliation Were Related to (check all that apply):

☐ Failure to Hire ☐ Pay/Compensation ☐ Hostile Environment ☐ Constructive Discharge (Forced to Resign)

☐ Failure to Promote ☐ Demotion ☐ Discharge

☐ OTHER Conditions of Employment (Explain below)

_____

_____

Name of Company/Organization that you believe retaliated against you			Telephone Number	
Address	City	State	ZIP Code	County
Contact Person (Owner, CEO, HR Director, Manager, etc.)	Title		Telephone Number	
Immediate Supervisor	Title			
Other Supervisor	Title		**Last Date of Retaliation**	

PLEASE ATTACH A STATEMENT that describes what happened including: background history; a brief description of your work; how and/or why you believe you were retaliated against; by whom; when; and where. Be sure to include supporting evidence such as names of witnesses, witness statements, and documents when possible. Please keep your statements relative to the basis of the complaint. Be sure to include all dates (day, month, year) and names as accurately as possible.

REMEDIES YOU ARE SEEKING FOR RELIEF IN THIS COMPLAINT (Describe what it would take to resolve the issue(s) you are alleging)

RETURN TO:

North Dakota Department of Labor
State Capitol - 13th Floor
600 E Boulevard Ave Dept. 406
Bismarck ND 58505-0340

The information I have provided above is correct and complete to the best of my knowledge and belief. This compliant form and any accompanying statements must be signed in order to process a complaint of retaliation.

Signature
Date Signed